PTO/SEAS (03-03) Forced for case strongs 7/31/2008, (048-0631-0032 Park Office; U.S. DEPARTIMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD								ss it displays a valid CMB control number. Application or Occles Number		
Substitute for Form PTO-875								09/ 702289		
CLAUMS AS FILED - PART I COTHER THAN										
8-24-06 (Column 1) (Column 2)						SWALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR MAKER FILED		TRAIS.	NURBER EXTRA		1			1		•
BASIOFEE			- AUGUST SATION			RATE	FEE	ł	RATE	FEE
TOTAL CLASS					7			OR		
DESPENDENT CLAS	26	sinus to	-	<u> 4</u>	1	<u>*1</u>		OR	2,50.	200
DO OFR LIGOD	a	minus 3	. •	8	Į	×4		OR	z	0
MATTER! DEPENDENT CLAIM PRESENT (IT CFR 1,18(4))						•		OR	• • •	0
° if the difference in column 1 is less than zero, order "V" in column 2.						TOTAL		ÇR.	TOTAL	200
CLAIMS AS AMENDED - PART II										
				OR	OTHER	RTHAN				
9-25-06	(Column 1)		(Cotures 2)	(Column 3)	•	SMALL !	ENTITY			EXTITY
	REMAINING AFTER	l l.	MULBER REVIOUSLY	PRESENT EXTRA		RATE	ADOs-		RATE	ADDI-
Total	THEMONENA		PAID FOR	-]		TIONAL FEE			TIONAL FEE
D COST (NOS)	. 2 6	Minus "	26	. 0	İ	x 4+		OR	x 5	. 0
C Base section	. 2	Minus	3	•		x 9 •	•	OR	× 4 •	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.10/0)						+8=		OR	+:	0
11 11 77						TOTAL .		OR	TOTAL	
4.4.07				•		ADD'L FEE		·	ADD'L FEE	
	(Partuals)		(Cotumn 2)	(Cohmo 3)	•					
8	REMAINING AFTER		NLA/BER REVIOUSLY	PRESENT		RATE	ADOS- TIONAL		RATE	ADO:-
8	MENDMENT		PAD FOR	L			FEE			TIONAL REE
N Grow reads	26	Minus **	36			× 4		CR	× 6	
Ti th can redd	. 2	Minus ***	V	٠٧		× 5		OR.	X8	
PRIST MESIBITATION OF MACTIFUE DEPENDENT CLAME (ST OFR LINES)						••		OR	•: •	
, 1						TOTAL			TOTAL	
ADDLEE OR ADDLEE										
	(Column 1) CLAIMS		(Cotumn 2) HGCHEST	(Cotam 3)		· · · · ·				
Y	REMAINING AFTER AMENDMENT	PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	И	rate	ADD- TIONAL FEE	/	rate	HONAL
Total S area was	-36	Minus -	22	• /						FEE
Total growing liderated growing	-5	Minus	7	•/		×8	/- -	OR	× 6	-
FREST WAS TO THE DEPOSITION OF HEATH AND THE DEPOSITION OF THE DEP						× 4	/	OA	**	
- I WE WANTED A STATE OF STATE OF CHILD						TOTAL		OR	TOTAL	
9 # Opp and and a second			(97 to end-		ADDLIFEE		OR	ADDY FEE	<u> </u>
* If the entry is column 1 is less than the entry is column 2, write "I" in column 3. "If the "Highest Humber Previously Peld For" IN THIS EPPACE is less than 20, enter "20". "If the "Ophest Humber Previously Peld For" IN THIS EPPACE is less than 3, enter "2".										
"Hi the "Righest Number Previously Peld For" (IN THIS SPACE is less than 8, enter "F". The "Righest Number Previously Peld For" (Total or Independent) is the Highest number found in the appropriate box in column 1.										

This collection of information is required by 37 CFR 1.10. The information is required to obtain or retain a benefit by the posts which is to tile (and by the USPTO is process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including galaxing, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual cases. Any comments on the ensure of time you require to complete this test entire required to the control of the you require to complete this such expectations for reducing this busien, should be cent to the Chief information Officer, U.S. Peterd and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, 59(0 TO: Commissioner for Peterds, P.O. Box 1450, Alexandria, VA 22313-1450.

end assistance in completing the form, cell 1-800-PTO-0189 and select option 3.